

# HIGH COMMISSION INDIA, DHAKA

## JOB APPLICATION FORM

Please read **INSTRUCTIONS** below before filling up the form:

1. This form comprises an essential part of the selection process, based on which candidates will be short-listed for an test/interview and physical test.
2. You are requested to fill all required details carefully.
3. Please forward duly filled application form in a sealed envelope by post to following address by **30<sup>th</sup> August, 2023**.

**Head of Chancery, High Commission of India, Dhaka, House No. 1-3, Park Road, Baridhara, Dhaka**

4. Please enclose 2 passport size recent photographs with application form.
5. Please enclose copies of address proof, NID/Passport, Address proof, educational certificates and DOB proof.
6. The envelope should clearly mention the post/ position applied for.
7. Any application received after due date will be summarily rejected.
8. Any false statement or omission may render you liable to action, which may include disqualification of your application. In case you are offered employment or are appointed, this may also lead to your appointment being withdrawn or to your dismissal.
9. Application may be submitted in the prescribed format only. Application in format, other than the prescribed one, will liable to be rejected.

**Position Applied for** \_\_\_\_\_

### PERSONAL DETAILS

|   |   |                        |   |
|---|---|------------------------|---|
| <b>Full Name</b><br>(including middle name) |   |                        |   |
| Alias Name                                  |   |                        |   |
| National ID No.                             |   |                        |   |
| Date of Birth<br>(dd/mm/yy)                 |   | Nationality            |   |
| Place of birth                              |   | Gender                 | <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Marital status                              | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow |                        |   |
| Spouse Name                                 |   | Father's Name          |   |
| Mother's Name                               |   | Driving License Number |   |



|                               |  |  |  |  |  |  |  |  |
|-------------------------------|--|--|--|--|--|--|--|--|
| Any other<br>(please specify) |  |  |  |  |  |  |  |  |
|-------------------------------|--|--|--|--|--|--|--|--|

|  |
|--|
| <b>EMPLOYMENT DETAILS</b><br>(Please provide details of your work experience starting with the current employment) |
| <b>CURRENT EMPLOYMENT</b>  |

|  |  |  |  |
|--|--|--|--|
| Name and address                         |  |  |  |
| Brief information about the organisation |  |  |  |
| Designation and department               |  | Job description (including key achievements) |  |
| Duration (from mm/yy to mm/yy)           |  |  |  |
| Reason for leaving                       |  |  |  |
| Last Salary Drawn (complete break-up)    |  |  |  |
| Reporting to (name & designation)        |  |  |  |
| Mobile No                                |  | Office No.                                   |  |

|                            |
|----------------------------|
| <b>Previous Employment</b> |
|----------------------------|

|  |  |  |  |
|--|--|--|--|
| Name- and address                        |  |  |  |
| Brief information about the organisation |  |  |  |
| Designation and Department               |  | Job description (including key achievements) |  |
| Duration (from mm/yy to mm/yy)           |  |  |  |
| Reporting to (name & designation)        |  |  |  |
| Reason for leaving                       |  |  |  |
| Last Salary Drawn                        |  |  |  |

Please use additional sheets if you have insufficient space.

## **MEDICAL HISTORY**

Please provide details of major health disabilities (covering congenital disorders, physical or mental disabilities of any sort, or any other prolonged/contagious illness):

I declare that the information given in this form is true and complete to the best of my knowledge and belief. I understand that any false statement or omission may render me liable to action, which may include dismissal.

I hereby authorise HIGH COMMISSION OF INDIA DHAKA or it's representative to verify information provided in my resume and job application form to conduct enquires as may be necessary at its discretion. I authorise all persons who may have information relevant to this enquiry to disclose it to HIGH COMMISSION OF INDIA DHAKA or its representative. I release all persons from liability on account of such disclosure.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_